

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097762852**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5						
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16						
17						
18						
19						
20			1			
21				1		
22				1		
23				1		
24				1		
25				5		
26				0		
27				0		
28				0		
29				0		
30				0		
31				0		
32				0		
33				0		
34				0		
35				0		
36				0		
37				0		
38				0		
39				0		
40				0		
41				1		
42				0		
43			1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS